

Basic Readiness Checklist

Reference document (Manual Circular 377):
[Extension of Manual Circular 377 PPM 07-001](#)

STANDARD	OFFICER'S RESPONSIBILITY	CHECK HERE
Possess a current valid and unrestricted professional license, certification, and/or registration appropriate for officer's category or discipline.	Ensure that information is on file with the Office of Commissioned Corps Operations (OCCO). Fax: 240-453-6142	License Expiration Date: _____
Complete American Heart Association Basic Life Support for Healthcare Providers or American Red Cross CPR/AED for the Professional Rescuer.	Record BLS Expiration Date at Direct Access Self Service/My Job Preferences Section Ensure that information is in eOPF Fax: 301-480-1407 or 301-480-1436 Maintain BLS Currency	BLS Expiration Date: _____
Identify Deployment Roles	Select a deployment roles from those listed at Direct Access Self Service/My Job Preferences Section	Deployment Roles: _____ Primary _____ Additional Roles
Complete all online readiness training.	<p>Login to Responder eLearn and complete all eight mandatory Web-based training modules:</p> <p>110 Disaster Response 140 Preventive Medicine for Field Operations 141 Health Consequences and Response 142 Disaster Triage 180 Infectious Disease Management 182 Terrorism 183 ABCs of Bioterrorism 217 Safety and Security Awareness</p> <p>Plus:</p> <p>Four required FEMA EMI Courses: IS-100.a Introduction to Incident Command System IS-200.a ICS for Single Resources and Initial Action Incidents IS-700.a National Incident Management System (NIMS), An Introduction IS-800.b National Response Framework (NRF), An Introduction</p>	<p>Check off as completed:</p> <p>110 ____ 140 ____ 141 ____ 142 ____ 180 ____ 182 ____ 183 ____ 217 ____</p> <p>Plus:</p> <p>IS-100 ____ IS-200 ____ IS-700 ____ IS-800 ____</p>

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<p>Officers must complete at least 80 hours of clinical currency if your deployment role is one of the following:</p> <ul style="list-style-type: none"> • Physician • Dentist • Nurse • Nurse Practitioner • Pharmacist • Physician Assistant • Veterinarian • Therapist • Mental Health • Medical Technologist • EMT • Optometrist <p>Note: Even officers in clinical billets must document their clinical currency (minimum 80 hours)</p>	<ol style="list-style-type: none"> 1. Log into the OFRD Login Page to record your clinical currency (minimum 80 hours) 2. From the Officer Summary page, click the Work and Training Info link 3. Scroll down to "Deployment Role Currency" Enter your clinical currency hours NOTE: 80 hours minimum required on an annual basis 4. Click Update. 	<p>Total Hours: _____</p> <p>Date: _____</p>
<p>Have a current Physical Examination and Medical History on file. Report of Medical History, DD-2807-1 Report of Medical Examination, DD-2808</p>	<p>Ensure a current physical exam and medical history are on file with the Medical Affairs Branch.</p> <p>Physical examinations and medical history expire every five years.</p> <p>Mail documentation only (no faxes) to: OCCSS/MAB 5600 Fishers Lane, Room 4C-04 Rockville, MD 20857</p>	<p>Date of last Physical Exam: _____</p> <p>Date of last Medical History: _____</p>
<p>Pass Annual Physical Fitness Test (APFT)</p> <p>OR</p> <p>Participate in the President's Challenge Annually earning an award.</p>	<p>Enter APFT results in Direct Access Self Service/Physical Fitness</p> <p>Mail the original PHS-7044 with results to MAB. Required annually.</p> <p>OR</p> <p>Enter President's Challenge select the USPHS Group and your PHS #. Required annually.</p>	<p>Date of latest APFT: _____</p> <p>OR</p> <p>Date of President's Challenge Award: _____</p>

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<p>Officers are required to obtain the following immunizations and/or boosters:</p> <p>Measles/Mumps/Rubella (MMR), Varicella, Tetanus/Diphtheria (Td), Influenza (annually), and complete the Hepatitis A and B series. Officers are also to be screened having Two negative tuberculin skin test (TST) results no greater than 12 months apart or a single negative interferon-gamma release assay (IGRA) test.</p>	<p>Submit proof of immunizations to OCCSS/MAB. MAB fax: 301-594-3299</p> <p>See MC- 377, PPM 06-007 for details.</p> <p>Officers MUST also record their immunizations information online using the OFRD login page</p> <p>OFRD Immunization Matrix</p>	<p>All Immunizations Complete? Yes: _____</p> <p>Documentation sent to MAB? Yes: _____</p> <p>Immunizations recorded on OFRD website? Yes: _____</p>
<p>Hepatitis A:</p> <p>Two immunizations, waiver or positive titer confirming natural or acquired immunity are acceptable proof of immunity</p>	<p>Submit proof of immunizations to OCCSS/MAB. MAB fax: 301-594-3299</p> <p>See MC- 377, PPM 06-007 for details.</p> <p>Officers MUST also record their immunizations information online using the OFRD login page</p> <p>OFRD Immunization Matrix</p>	<p>Imz Date #1 _____</p> <p>Imz Date #2 _____</p> <p>OR</p> <p>Positive HEP A Titer: _____</p> <p>OR</p> <p>HEP A Waiver: _____</p>
<p>Hepatitis B:</p> <p>Three immunizations, waiver or positive titer confirming natural or acquired immunity are acceptable proof of immunity</p>	<p>Submit proof of immunizations to OCCSS/MAB. MAB fax: 301-594-3299</p> <p>See MC- 377, PPM 06-007 for details.</p> <p>Officers MUST also record their immunizations information online using the OFRD login page</p> <p>OFRD Immunization Matrix</p>	<p>Imz Date #1 _____</p> <p>Imz Date #2 _____</p> <p>Imz Date #3 _____</p> <p>OR</p> <p>Positive HEP B Titer: _____</p> <p>OR</p> <p>HEP B Waiver: _____</p>

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<p>MMR (Measles, Mumps and Rubella):</p> <p>Immunization, waiver or positive titers confirming natural or acquired immunity are acceptable proof of immunity.</p> <p>Measles: Two Measles shots, positive titer or waiver Mumps: One MMR shot, positive titer or waiver Rubella: One MMR shot, positive titer or waiver</p>	<p>Submit proof of immunizations to OCCSS/MAB. MAB fax: 301-594-3299</p> <p>See MC- 377, PPM 06-007 for details.</p> <p>Officers MUST also record their immunizations information online using the OFRD login page</p> <p>OFRD Immunization Matrix</p>	<p>MMR #1: _____</p> <p>MMR/Measles #2: _____</p> <p>OR</p> <p>Positive Measles Titer: _____ Measles Waiver: _____ Positive Mumps Titer: _____ Mumps Waiver: _____ Positive Rubella Titer: _____ Rubella Waiver: _____</p>
<p>Tetanus/Diphtheria:</p> <p>Immunization within the last ten years or waiver</p>	<p>Submit proof of immunizations to OCCSS/MAB. MAB fax: 301-594-3299</p> <p>See MC- 377, PPM 06-007 for details.</p> <p>Officers MUST also record their immunizations information online using the OFRD login page</p> <p>OFRD Immunization Matrix</p>	<p>Imz Date: _____</p> <p>OR</p> <p>Waiver: _____</p>
<p>Varicella (chickenpox):</p> <p>Immunization, waiver or positive antibody titer confirming natural or acquired immunity are acceptable proof of immunity.</p>	<p>Submit proof of immunizations to OCCSS/MAB. MAB fax: 301-594-3299</p> <p>See MC- 377, PPM 06-007 for details.</p> <p>Officers MUST also record their immunizations information online using the OFRD login page</p> <p>OFRD Immunization Matrix</p>	<p>Imz #1: _____ Imz #2: _____</p> <p>OR</p> <p>Positive Varicella Titer: _____</p> <p>OR</p> <p>Waiver: _____</p>
<p>Seasonal Influenza (annually): Officers are required to obtain an influenza vaccination annually before 31 December. Compliance with this requirement will be determined on 31 December of each year. A waiver also meets the requirement.</p>	<p>Submit proof of immunizations to OCCSS/MAB. MAB fax: 301-594-3299</p> <p>See MC- 377, PPM 06-007 for details.</p> <p>Officers MUST also record their immunizations information online using the OFRD login page</p> <p>OFRD Immunization Matrix</p>	<p>Imz Date: _____</p> <p>OR</p> <p>Waiver: _____</p>

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<p>Tuberculosis (TB) Screening: Two negative tuberculin skin test (TST) results no greater than 12 months apart or a single negative interferon-gamma release assay (IGRA) test (e.g., QuantiFERON – TB Gold Test) result is sufficient evidence of the absence of infection with Mycobacterium tuberculosis (TB) and no additional annual TB screening is required. In the absence of two negative TSTs within 12 months, the officer must continue annual TST screening until this requirement is met or obtain a single IGRA result. Officers demonstrating a history of positive TST result and who have submitted supporting documentation to the Office of Commissioned Corps Support Services, Medical affairs Branch, indicating absence of active TB disease (i.e. medical evaluation including chest radiograph) are not required to comply with this TB screening requirement.</p>	<p>Submit proof of immunizations to OCCSS/MAB. MAB fax: 301-594-3299</p> <p>See MC- 377, PPM 06-007 for details.</p> <p>Officers MUST also record their immunizations information online using the OFRD login page OFRD Immunization Matrix</p>	<p>Negative TST Date: _____</p> <p>Negative TST Date: _____</p> <p>OR</p> <p>Negative IGRA Date: _____</p> <p>OR</p> <p>Positive PPD Test Date: _____</p> <p>Negative Chest Xray: _____</p>